

**BREAST PUMP – E0603NU (ELECTRIC AC/DC, ANY TYPE);
E0602NU (MANUAL, ANY TYPE);
E0604RR (HOSPITAL GRADE ELECTRIC AC/DC, ANY TYPE):**

Manual (**E0602NU**) and Electric (**E0603NU**) breast pumps should be used to promote lactation and to provide lactation support when natural feeding is not possible. These items are purchase only and do not require prior authorization.

Hospital grade electric breast pumps (**E0604RR**) **require prior authorization** and are rental only. *If criteria are met, initial authorization is for a period of 1 month.* The Women, Infants, and Children's (WIC) Nutrition Program stocks a supply of hospital grade electric pumps. If the child is on the WIC program, the hospital grade breast pump must be obtained through the WIC Program as long as supply is available.

Authorization of hospital grade electric breast pumps is contingent upon the following criteria:

- Lactation cannot be initiated in the normal fashion or with a standard electric pump (E0603) because of conditions of the mother or baby, which prevent normal suckling. This includes but is not limited to prematurity, neonatal or maternal illness, neurological abnormalities, and anatomic abnormalities such as oro-facial or breast anomalies. The goal of the hospital grade pump is to simulate as closely as possible the normal maternal physical and physiologic response to suckling to enhance effective lactation and to produce sufficient milk for the infant's nutrition.
- Physician/Nurse Practitioner (NP)-diagnosed medical/physical conditions, which will only require short term maternal pumping, and therefore there is no need for a purchased standard electric pump. These include mastitis, or maternal need for medications, which require pumping, and discarding the milk. The physician or NP will be required to document the continued need for the pump for the originally specified condition on a monthly basis.
 - When submitting the prior authorization for the hospital grade electric breast pump, providers will be required to include an item description. Item description is to include: manufacturer name and item model number in the List Column of section II of the prior authorization form (SFN 1115). Types of hospital grade electric breast pumps considered for coverage include Medela Symphony Hospital Grade Breast Pump and Lactina Select Breast pump.

If a request is received to extend authorization for rental of hospital grade electric breast pump beyond 1 month, Medicaid Utilization Review staff will review the records to determine:

- If the hospital grade electric breast pump is still being utilized by the mother.
- If lactation cannot be initiated in the normal fashion or with a standard electric breast pump due to one of the conditions listed above.
- How much longer the breast pump is expected to be medically necessary?

Coverage Limits

- Limited to one manual breast pump every year or
- One electric breast pump every 3 years
- All supplies necessary to operate the hospital grade electric breast pump are included in the monthly rental fee

Policy Effective 1/1/2012